



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Department of Medical Assistance 1010 W. Peachtree Street, N.W. Atlanta, GA 30367	Application Number 81-394	
Application Number		Date Received AUG 7 1981	Date Completed AUG 26 1981
2. Person to Contact Kathy Black		Working Title Secretary/Typist	Telephone Number 894-4940
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>310-A</u> Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void ACCESS THRU MEDICAID & FOUNDATION PERSONNEL ONLY			
4. Dates of Series Earliest <u>1980</u> Latest <u>Present</u>		5. Records Series Title (followed by title used in office, if different) Nursing Home On-Site Review File	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Program Management Division is responsible for determining, through the interpretation of Federal and State guidelines, the services needed for formulating, developing and planning the policies that govern the reimbursement for services rendered by Medicaid providers. This is accomplished by formulating the enrollment and recipient policy, examining claims inquiry, and coordinating with the provider associations and professional organizations in each of the sixteen (16) program areas within the Medicaid Program. The Georgia Medical Care Foundation, under contract to DMA, provides professional medical review of Nursing Homes Hospitals, Physicians, and Home Health Agencies regarding facility performance, quality of medical and social services provided, and proper level of care for patients.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Maintaining records of facility performance, and compliance with federal regulations governing Nursing Home participation in the Medicaid program. Included but not limited to are: Nursing Home facility On-Site Reviews, Medical evaluation information, and related correspondence. File is arranged: Alphabetically by Nursing Home			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>3</u> ; Seven to twelve months old <u>2</u> ; Thirteen to twenty-four months old <u>0</u> ; twenty-five months and older <u>0</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>14</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. Georgia Code 40-2703
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? See below
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | | | |
|--------------------------|---|--------|-----------------------------------|---|--------|
| a. State Law | 3 | years. | d. Audit period | 3 | years. |
| b. Statute of limitation | | years. | e. Administrative need | 4 | years. |
| c. Federal law | 3 | years. | f. Federal retention instructions | | years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

See Attached

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☒ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy, except that for all years ending in 0 and 5, transfer the first five cubic feet to State Archives for permanent retention.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Official Copy - Maintained by Medicaid according to above retention requirements

Office or Reference Copy - Maintained by Foundation, cut off at the end of each calendar year held in current files area 1 year or until no longer needed for reference, then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Karl E. Harris</i>	6/30/81	<i>Paul T. Murphy</i>	7/1/81
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		<i>Carroll Hart</i>	8-24-81
		<i>Carroll Hart</i>	8-11-81
		<i>Carroll Hart</i>	8-25-81